

**Virginia Commonwealth University Health Systems  
Graduate Medical Education Administration  
REQUEST FOR EXCEPTIONS TO DUTY HOUR REQUIREMENTS**

The purpose of this procedure is to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. Prior permission of the Institution's GMEC is required prior to submission to the RRC.

The ACGME's standards have vested the establishment of policies and the process for granting exceptions within the individual RRCs. Program Directors interested in obtaining a program-level duty hour exception should contact their RRC to obtain the timeline for this process and other guidance the RRC can provide.

Please provide the following information to the GMEC for approval:

Request of Academic Department: \_\_\_\_\_

ACGME Training Program Name: \_\_\_\_\_

Please respond if request for exception is for:

\_\_\_\_\_ Entire Training Program

\_\_\_\_\_ Specific rotation                      Name of Rotation \_\_\_\_\_

\_\_\_\_\_ Level of resident training              Please specify \_\_\_\_\_

Please respond to each question/issue for each substantive area of proposed change, as appropriate.

1. *Impact on resident education.*

- a. How will the proposed change improve the quality of resident education?

2. *Impact on patient care.*

- a. How will the proposed change affect the way the resident, the service, and the staff provide the patients with continuing care?
- b. Will there be any additional costs for patient care? If so, please explain.

3. *Impact on faculty resources.*

- a. Will an increase in number of faculty from within the discipline or from other disciplines be required? If so, please explain.

4. *Impact on the Institutional Facilities, Services Faculty.*

- a. Will there be required institutional resources for the educational or service unit as a result of the proposed change?
- b. Will there be any additional costs to the institution(s) in this regard? If so, please explain.

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5. *Impact on other services and educational programs in the institution.*

- a. If these changes are implemented, will there be an adequate volume and variety of patients to provide proper educational resources in the institution(s)?
- b. How will other services or departments of the institution be affected by the change?

6. *Implementation.*

- a. When is the effective date of this proposed change? Please rationalize the requested effective date based upon the need for faculty, institutional services, financial, or other support.

**Submitted By:**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

**Approved By:**

Printed Name of Department Chair: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_

Submit your request to GME Administration PO Box 980257, or fax to 804-828-5613. The Director of Graduate Medical Education will review your request and ask you to make a presentation to the GMEC for discussion and approval.

**Please attach this document to your response sent to GME Administration.**

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For GME Administrative Offices only:

Date reviewed by GMEC: \_\_\_\_\_

Approved by GMEC: \_\_\_\_\_

\_\_\_\_\_  
Signature of GMEC Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Graduate Medical Education

\_\_\_\_\_  
Date